

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/511,180
	Filing Date	10/14/2004
	First Named Inventor	Lydie Livolsi Tchouangang
	Title	ADJUSTABLE IMPRESSION TRAY WITH VARIABLE GEOMETRY
	Art Unit	3732
	Attorney Docket Number	LIVLYD P02AUS

I hereby revoke all previous powers of attorney given in the above-identified application.

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Scott Daniels	42,462

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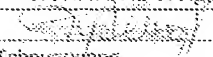
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<input type="checkbox"/> Firm or Individual Name	Daniels Patent Law PLLC				
Address	43 Centre Street				
City	Concord	State	New Hampshire	Zip	03301
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I am the
☒ Applicant/Inventor
 OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 2.73(b) (Form PTO/SB-95) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature		Date	10-3-2010
Name	Lydie Livolsi Tchouangang	Telephone	(510) 467-9897
Title and Company	Dentalwig LLC		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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